

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		8	12-1200
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>		(7573)	2-21-01

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	M	Date
1	51			
2	52			
3	53			
4	54			
5	55			
6	56			
7	57			
8	58			
9	59			
10	60			
11	61			
12	62			
13	63			
14	N	14	5/16/01	5/16/01
15	64			
16	65			
17	66			
18	67			
19	68			
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22	71			
23	72			
24	73			
25	74			
26	75			
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41	90			
42	91			
43	92			
44	93			
45	94			
46	95			
47	96			
48	97			
49	98			
50	99			

If more than 150 claims or 10 actions  
staple additional sheet here

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